

**DIOCESE OF SAN DIEGO
NATURAL FAMILY PLANNING
REGISTRATION FORM - CONFIDENTIAL**

Side 1

CLIENT INFORMATION

DATE _____

Date of First Class _____

Name of Instructor _____

MAN

Name _____

Address _____

Day Phone _____

Evening Phone _____

Pager/Portable Phone _____

E-Mail _____

WOMAN

Name _____

Address _____

Day Phone _____

Evening Phone _____

Pager/Portable Phone _____

E-Mail _____

CONTACT PERSON (*Name of person with a permanent address who would know how to reach you in case you move*):

Name _____

Address _____

Day Phone _____

Evening Phone _____

E-Mail _____

How did you hear about these classes? _____

Have you taken instruction in NFP before? No Yes If yes, please answer the following:

Method _____

Where instructed _____

DEMOGRAPHIC INFORMATION

SINGLE ENGAGED MARRIED

MARRIAGE DATE _____

AGE Man _____

Woman _____

YEAR OF BIRTH Man _____

Woman _____

EDUCATION Man _____

Woman _____

OCCUPATION Man _____

Woman _____

RELIGION Man _____

Woman _____

CHURCH Man _____

Woman _____

WOMAN'S REPRODUCTIVE HISTORY

(If Applicable)	Month	Day	Year
Date of last delivery			
Date of last miscarriage			
Stopped the "Pill" on			
Stopped Norplant on			
Stopped Depo-Provera on			
Date IUD removed			

Number of pregnancies _____

Number of miscarriages/abortions _____

Number of children living _____

Please print and complete Page 2 as well...

Please also mention any significant health problems you may have. List any regular medications you are taking (prescription, over the counter medicine, herbs, etc.) _____

BREASTFEEDING

Fully Breastfeeding

Partly Breastfeeding

Date stopped breastfeeding _____

Have you had any bleeding or spotting since you delivered your baby? Yes _____ No _____

When _____

PREVIOUS CONTRACEPTIVE METHODS USED _____

CURRENT CONTRACEPTIVE METHODS USING _____

CURRENT FAMILY PLANNING INTENTION

Do you want to use Natural Family Planning to:

- | | NOW | LATER |
|-----------------------|--------------------------|--------------------------|
| a) Achieve pregnancy | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Postpone pregnancy | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Other _____ | | |

Would you like to be on our mailing list for updated information on NFP? Yes No

May we use your data anonymously for studies? Yes No

PHYSICIAN INFORMATION

Name of physician _____ OB/GYN Family Practice

Address _____ City _____ Zip _____

Phone Number () _____

INFORMED CONSENT

The use of Natural Family Planning (NFP) to avoid or postpone pregnancy depends on my/our reading the materials provided, attending ALL class sessions, completing the required follow-ups, and following the rules of the method chosen.

I/We understand, that as with artificial birth control methods, there is a *possibility of pregnancy even if the NFP method is followed correctly*. That is a risk I/We knowingly assume.

Man's Signature _____

Date _____

Woman's Signature _____

Date _____

Please return registration form with a \$10.00 non-refundable registration fee (or total fee of \$50.00 for class or \$100.00 for private) to:

(Make check payable to the Diocese of San Diego)

**Diocese of San Diego
Office for Marriage and Family Life
P.O. Box 85728
San Diego, CA 92186-5728
The office phone number is (858) 490-8299**